

# Plan 2010-2011



## Democratic Republic of the Congo

### Executive summary

Though the Democratic Republic of Congo (DRC) still faces challenges caused by armed conflicts in three out of the eleven provinces that form the administrative set up of the country, more voices from the national and international community are being heard about the need to move towards post conflict or development type of programming, based on the Kinshasa Statement on development aid in situations of fragility and conflicts ([www.ministereduplan.cd/pdf/Declaration\\_Kinshasa\\_2juillet08.pdf](http://www.ministereduplan.cd/pdf/Declaration_Kinshasa_2juillet08.pdf)). The overall goal of Federation 2010-2011 support plan to the Red Cross of the Democratic Republic of the Congo (RC of DRC) is to ensure that the programmes and services of the National Society are scaled up; more responsive to the post conflict and/or development needs of vulnerable people; more effective and sustainable implemented through bilateral or multilateral support. The programmes will be further aligned with the Federation Global Agenda, the Algiers Plan of Action and the Johannesburg Commitments, thus contributing to achieving the Millennium Development Goals as embedded into DRC government's plans. The support plan will help RC of DRC consolidate achievements done towards high standards of performance, cost efficiency and accountability.

The disaster management (DM) programme will focus on building strong early warning and early action capacities at national and provincial levels. The DM programme will also help national and provincial authorities to improve the national disaster management framework (national disaster response plan) and address issues related to climate change and climate adaptation. Community based disaster risk reduction initiatives that will include community preparedness for floods, volcanic eruption and epidemics (cholera). Building community resilience to food insecurity will also be a large component of the disaster management program.

The health and care programme will support the national action plan on the Millennium Development Goals (MDGs) by ensuring effective community based health and first-aid programming as a mandatory minimum package of services for all branches: mobilizing volunteers for mass mosquito nets distribution and mass immunization campaigns; and implementing community based water and sanitation projects. In so doing, the programme will contribute to increasing the under fives' immunization rate and to reducing the incidence of diseases caused by inadequate water and sanitation and hygiene malpractices. To support these efforts, Mothers clubs will be formed and supported by appropriate guidelines, training and tools.

The organizational development (OD) programme will ensure that RC of DRC has at its headquarters and in all 11 branches sound governance and management practices and a strong volunteer base that will ensure efficiency and increased RC of DRC outreach capacities. The main activities will include review and operationalization of the National Society's policy, guidelines and strategic documents; tailored training for the leadership (governance and management); information sharing and networking with other community based organizations, promotion of women involvement in all aspects of the organization; recruitment and training of new volunteers from all sectors of society with different profiles.

The RC of DRC partners include Danish, Spanish, Belgian and hopefully French and Italian Red Cross Societies, all working on a bilateral basis; and British, Finnish, Swedish and hopefully Norwegian Red Cross Societies who work through the Federation. The International Committee of the Red Cross (ICRC) is also a very important Movement partner. The Ministry of Health, the Ministry of Home Affairs

and the Observatoire de Volcanologie de Goma are the most prominent partners among government institutions. Technical and financial support is also received from FAO; Global Alliance on Vaccination and Immunization (GAVI); the pooled fund and hopefully the European Commission and embassies as well. Specific mechanisms will be set up to share information with DFID, Sida, Cida and other donor agencies represented in DRC.

The Principles and values programme will endeavour to archive behaviour change within targeted communities for a greater respect for and application of the Fundamental Principles and the Humanitarian Values. This will be done through gender mainstreaming in all programmes, and scaled up youth peace building activities. Also specific projects aiming at addressing the basic needs of and facilitating social inclusion for women victims of rape and Pygmies will be carried out in five provinces.

For 2010-2011, the International Federation Secretariat's key areas of support to the RC of DRC will include guiding the National Society in the development of responsive community based first aid and health strategies; the strengthening of its disaster management capacities both at national and branch levels and in supporting the national disaster management Committee (Protection Civile) on improving the overall disaster management framework in the country. This is in line with the Global Agenda goals that aim to reduce the number of death, injuries and impact from disasters; to reduce deaths, illnesses and impact from diseases and public health emergencies; and to increase local community, civil society and Red Cross/Red Crescent capacity to address the most urgent situations of vulnerability.

Three categories of people reached will be targeted through the RC of DRC programmes in 2010-2011: Red Cross volunteers and local branch leaders for community based health and first aid, and emergency health trainings; government national and district disaster management structures for disaster management capacity building; and the vulnerable communities for community based health and first aid, water and sanitation, mother and child health, and information and communication sessions on Humanitarian Values. It is expected that by the end of 2011, the activities of the RC of DRC allow reaching more than 2 million people over two years.

**The total 2010-2011 budget is CHF 4,001,550 (USD 3,863,991 or EUR 2,651,086)**

[Click here to go directly to the attached summary budget of the plan](#)

## Country context

The security and humanitarian situation in DRC continues to be dominated by the persistence of internal tensions in the east of the country. Attacks and reprisals in Orientale, North and South Kivu Provinces by the Lord Resistance Army (LRA), the Front Démocratique pour la Libération du Rwanda (FDLR), the Forces Armées de la République Démocratique du Congo (FARDC) and their allies have led to massive population displacements. Civilians are constantly living under the threat of armed men, who pillage, burn houses and confiscate their harvest and food rations (cf. UNHCR Briefing note of 22 May 2009). While between January and April 2009 more than 130,000 people have been displaced in South and North Kivu, it is estimated that more than 1.3 million people are currently internally displaced in the country. Only 87,000 among them leave in camps.

The deterioration of the conflict situation in the east of DRC has heightened the situation of the most vulnerable people, especially women and young girls who have become regular victims of rape by various armed groups. Though it has been difficult to get consolidated statistics, various reports mention thousands of cases of rape during the past three years. "In South Kivu, between January and September 2007, Bukavu's Panzi hospital registered 2,773 rapes, [...] In June 2008, 2,200 rape cases were registered in North Kivu. These numbers represent only a fraction of the victims of sexual abuse – those able and willing to report or seek assistance." (*IRIN*, 3 June 2009). Raped women often need protection, psychosocial support, medical referral, and for some of them, social mediation and reintegration. Between January and December 2008, the RC of DRC volunteers in North and South Kivu have received and counselled more than 1,100 women victims of rape in their outreach centres and referred 1,000 of them for treatment and support in appropriate centres.

In terms of natural disasters, there is potential threat for volcanic eruptions in North Kivu and seismic activities in the eastern part of the county along the Rift Valley. Wide scale flooding, landslides and road

destruction during rainy season all over the country, crop failure and diseases during extended dry periods are also of concern. Chronic household food insecurity affects 70% of the population due to limited access to appropriate agricultural supplies, crop pests and continued insecurity.

High rates of poverty are a contributing factor to the HIV and AIDS pandemic, health problems and food insecurity, all of which are considerable challenges for the RC of DRC. While Cholera outbreaks have become yearly events in all 11 Provinces, according to national statistics, Malaria is the first cause of morbidity and annually claims the lives of more than 180,000 children aged 0-5 years. It is also the leading cause of mortality among adults (cf. « Faire Reculer le Paludisme »; Plan Stratégique 2009-2013 du Programme National de Lutte contre le Paludisme-PNLP).

Frequent outbreaks of Ebola haemorrhagic fever also pose a serious threat to the population in some Provinces (mainly Equateur, Bas-Congo, Kasai Orientale and Occidental). Ebola is characterized by the sudden onset of fever, intense weakness, muscle pain, headache and sore throat. This is often followed by vomiting, diarrhoea, rash, impaired kidney and liver function, and in some cases, both internal and external bleeding. The Ebola virus is transmitted by direct contact with the blood, secretions, organs or other body fluids of infected persons during social activities such as burial ceremonies, hunting and handling of infected chimpanzees. Also, health and care workers have frequently been infected while treating Ebola patients, through close contact without correct infection control precautions and adequate barrier nursing procedures. Social mobilization is therefore key to the control of the disease. The last outbreak of Ebola was reported by the Ministry of Health on 24 December, 2008 in Kasai Occidental province and WHO reported that as of 26 December, the organization was aware of 34 suspected cases, including nine deaths.

HIV prevalence in DRC among antenatal clinic attendees has remained relatively stable in the capital, Kinshasa (between 3.8% in 1995 and 4.2% in 2005), but prevalence has risen in the country's second-largest city, Lubumbashi (from 4.7% to 6.6% between 1997 and 2005), and in Mikalayi (from 0.6% to 2.2% between 1999 and 2005). Prevalence is also high in the cities of Matadi, Kisangani and Mbandaka (where 6% of women using antenatal services were HIV-positive in 2005), and in Tshikapa (where prevalence was 8%) (Programme national de lutte contre le SIDA, 2005). The DRC has approximately one million PLWHIV and a country-wide prevalence rate of 3.2% (UNAIDS 2006).

According to the statistics from the National Multi-sector fight against HIV/AIDS, the DRC accounts for more than 130,000 cases of deaths from AIDS each year, leaving 900,000 orphans for the same period. Women remain the most affected because of armed conflicts, sexual violence, illiteracy, and customs. Only 1% of pregnant women benefited from prevention against transmission of AIDS from mother to child (UNAIDS, December 2008).

Table 1: 2006 and 2007 HIV/AIDS Statistics

	2006			2007		
	Children 0 – 14 years	More than 15 years	Total	Children 0 – 14 years	More than 15 years	Total
People living with HIV	102,150	1, 170,000	1 272 150	110, 120	1,220, 000	1, 330,120
New infections	22, 970	126 ,110	149,080	37,070	131, 460	168,530
Pregnant women living with HIV		136,910	136,910		142,970	142,970
No. of deaths due to HIV/AIDS			95,410			104,900
No. of orphans due to HIV/AIDS			930,000			870,000
HIV/AIDS prevalence rate (adult population)			4.04%			4.04%

Source: Rapport national de suivi de la mise en œuvre de la Déclaration d'engagement des chefs d'Etat et de Gouvernement sur le VIH/SIDA (UNGASS) 2007

[http://data.unaids.org/pub/Report/2008/democratic\\_republic\\_of\\_congo\\_2008\\_country\\_progress\\_report\\_fr.pdf](http://data.unaids.org/pub/Report/2008/democratic_republic_of_congo_2008_country_progress_report_fr.pdf)

While more than 71% of the population live below the poverty line with less than one dollar a day, only 46% of the population has access to clean and safe drinking water. In rural zones this rate is at 29% only. Fifty four per cent (54%) of Congolese population do not have access to adequate basic health care services and three out of every 10 children suffer from chronic or severe malnutrition. The lack of drinking water and appropriate hygiene conditions increases the risk of death and water-borne diseases

including diarrhoea, which is the cause of 12% of all deaths. The persistent conflicts coupled with unsuccessful economic development choices and successive world economic crisis has further worsened the living conditions of the population. According to the Human Development Report in 2007-2008, the Human Development Index (HDI) for the DRC is 0.411 i.e. a rank of 168 out of 177 countries. The human poverty index for Congo is 39.3, 88th among 108 developing countries for which the index has been calculated.

The long lasting armed conflicts coupled with poor performances in the economy have had the greatest impact on marginalized groups such as the Pygmies in the Equateur Province and street kids in all major cities. On top of being more vulnerable compared to other sections of the population, these groups have very little access to basic services and are generally excluded from social and economic progress, which in turn poses a threat to social cohesion and peace.

If the country has developed long term strategies to face challenges posed by the HIV/AIDS pandemic and malaria, it is worth mentioning that DRC still lacks a national disaster response plan and that the current humanitarian action plan gives very little attention to supporting national authorities on formulating a national disaster response framework that will be used by the national disaster response committee (Civil Protection Unit) as a national coordination tool.

## **National Society priorities and current work with partners**

Despite the many challenges posed by recurrent armed conflicts in the east of the country, the RC of DRC managed to keep and consolidate its independence, impartiality and neutrality that enable its leadership and volunteers to have a satisfactory humanitarian access to the vulnerable people in all parts of the country. The National Society enjoys very good public image thanks in first place to its first aid and emergency response activities. With support from mainly ICRC and the Federation, the RC of DRC has developed its capacity to mobilize at any given time between 2,000 and 3,000 trained volunteers for social mobilization activities for mass health promotion campaigns (immunization, prevention and control of epidemics, and massive distribution of mosquito nets). This has further enhanced the auxiliary role of the National Society especially to the Ministry of Health and the Ministry of Home Affairs (in charge of civil protection) to whom the Red Cross has become a very important partner in their strides to meet the Millennium Development Goals in the Health sector.

Through bilateral or multilateral support from Movement partners such as ICRC, Danish, Spanish, Belgian, Swedish, British, Finnish and Irish Red Cross Societies and the Federation, RC of DRC is involved in water and sanitation, malaria prevention and control, food security, epidemics preparedness and response, disaster risk awareness raising, disaster preparedness and response; promotion of humanitarian values and support for and social reintegration of marginalized groups such as the pygmies and children in difficult situations (former child soldiers and street kids) and women victims of rape as a result of armed conflicts. The National Society has also developed some long term partnerships with international nongovernmental organizations and networks such as FAO for community based food security programming and the GAVI for community based monitoring of under fives' routine immunization (Extended Immunization Programme) in five Provinces (Katanga, Kinshasa, Kasai Oriental, Kasai Oriental and South).

During the last five years, with support from its partners, the RC of DRC has been reaching out to one to two million people directly and indirectly with life saving and capacity building activities every year. This was made possible thanks to the progress achieved in enhancing the institution's governance and operational capacities (rebuilding them in some districts and/or some Red Cross/Red Crescent priority areas) through the Programme Initiative Congo (PIC) which was initiated in 2000 with support from the Federation and other RC movement partners like the Swedish, Danish and Norwegian RC. The PIC aims at ensuring a minimum capacity of the National Society to efficiently address the basic needs of the most vulnerable communities during the war that preceded and followed the change of government in 1997 in DRC in the context of the global crisis that involved many countries from Africa's Great Lakes region as a result of the 1994 genocide in Rwanda. As an adaptation of ARCHI 2010 to the local context plus a multiplication/replication system, the initiative also focuses on preparing the Red Cross to actively and efficiently participate in national reconstruction efforts. It has been recently reconfirmed by the National Society's leadership as their main implementation strategy.

To be in a better position to impact on the resilience of vulnerable communities, the Red Cross of the Democratic Republic of Congo has continued the reorganization of its governance and management structures through the revision of the statutes, the creation of new departments and the recruitment of qualified staff and by improving its procedures and enhancing its outreach capacities. Also, in order to enhance the participation of women in all activities and decision making processes, the concept of "Mothers' Clubs" was introduced based on the lessons learnt from similar experiences by Togo and Ghana National Societies. Mothers' clubs will provide peer support to their members on issues related to health education and household economy, but also organize and participate in community-based emergency and development activities.

The RC of DRC will continue the implementation of its 2008-2010 action plan on HIV/AIDS. This community-based programme was designed as part of the Federation Global Alliance on HIV that was launched in July 2008. The Global Alliance has planned to reach 950,000 vulnerable people, including 10,000 orphans, 49,000 people living with HIV and 13,000 sex workers in five countries (Burkina-Faso, Central African Republic, Guinea, Nigeria and the Democratic Republic of Congo). Activities include prevention, home-based care, anti-discrimination work and an increase in the capacities of Red Cross and Red Crescent societies to implement HIV-related programmes.

The HIV/AIDS component is not included into this support plan because we hope it will receive adequate support from the Secretariat; this is to avoid duplication with the West and Central Africa Red Cross and Red Crescent Global Alliance on HIV 2008-2009 appeal document.

Huge national geographical dimensions coupled with complex national and regional environments on the one hand and the increasing vulnerability of communities resulting from more unstable global economic development on the other hand, impose that the volume, cost effectiveness and impact of RC of DRC programmes are increased. However, the still weak community based activities in the districts where projects funded by partners are absent or of very small volume continue to hinder the efforts of the National Society to have a long-lasting positive impact on the lives of the most vulnerable. To correct that situation, the RC of DRC has formulated its 2009-2013 strategic development plan (SDP) aiming at developing its outreach capacities through enhanced partnerships at national and branch levels. A critical pillar of the SDP is the formation of operational alliances that will enable the National Society to adequately address at community level and in an integrated manner issues related to water-borne diseases, mother and child health, HIV/AIDS, food security, disaster risk reduction and disaster preparedness. Another critical element of the plan is the consolidation and use of the PIC approach (Programme Initiative Congo) for the implementation of all programmes. The SDP also focuses on building strong disaster response capacities within the NS using early warning / early action approach.

Achievements made in all sectors still need to be enhanced and sustained.

### Profile of partnerships

Institution	Programme component
ICRC	Operationalization of fundamental principles, restoring family link (RLF), disaster management (preparedness and response); health (Wat/Hab, economic security), capacity building; relief; child soldiers
Belgian Red Cross	Operationalization of fundamental principles (humanitarian values) community based health and first-aid (prevention of epidemic diseases), water and sanitation; Organizational development; child advocacy and rehabilitation; child soldiers
British Red Cross	Disaster preparedness, disaster management planning
Danish Red Cross	Programme Initiative Congo: water and sanitation (access to drinking water, construction of water wells, public latrines in markets and school, family latrines in Province Orientale, OD capacity building (leadership capacities improvement and legal base development), financial sustainability; operationalization of fundamental principles (victims of sex abuse, pygmies, and abandoned children).
Spanish Red Cross	Community based health. Capacity building; Food security

Swedish Red Cross	Programme Initiative Congo activities: DM planning, community preparedness (VCA), disaster response, prevention of epidemic diseases, water and sanitation (access to drinking water, construction of water wells, public latrines in markets and school, family latrines; organizational development capacity building (leadership capacities improvement and legal base development), financial sustainability; operationalization of fundamental principles (victims of sex abuse, pygmies, children).
Irish Red Cross Federation	Community preparedness, disaster management planning.
Federation	Capacity building: training, resource mobilization, planning, monitoring and evaluation; disaster management; health (epidemic and water-borne diseases, surveillance and response to epidemic diseases); coordination, advocacy.
GAVI Ministry of Health	Sensitization for vaccination.
Other	International organizations and United Nations Agencies.

## Secretariat supported programmes in 2010-2011

Taking into account the experience of the Programme Initiative Congo (PIC), the 2009-2013 strategic development plan and the increasing number of PNS working bilaterally, the Federation will continue to support activities of RC of DRC by providing improved membership services to bilateral partners as well as filling the gap in the provinces where there is no or too little bilateral support, setting up the foundations for future bilateral projects. By so doing, the Federation will focus on supporting RC of DRC and its partners in the following:

- Setting priorities; developing and coordinating effective operational alliances that are responsive to the needs of the most vulnerable and efficient at saving lives and strengthening recovery from disasters and crises; enabling safer and healthier living, and making better provision for marginalised people and promoting social inclusion and contributing towards peace throughout the country.
- Formulating and implementing long term strategies as well as sector specific strategies, linking the latter more closely to national strategies geared towards achieving the Millennium Development Goals
- Developing and utilising effectively appropriate tools for planning, implementation, monitoring, evaluation and reporting.
- Coordinating capacity building by identifying training needs; developing training programmes and materials and coordinating key training events at all levels. This will include training or induction for newly elected governance members as well as newly recruited paid staff.
- Advocating for and supporting DRC RC auxiliary role by strategically positioning the NS on key humanitarian issues, using DM as entry point, hence preparing the NS to fully take responsibilities for humanitarian advocacy in the country
- Coordinating preparedness and response to natural disasters by actively implementing the Federation Lead Role

The above service enhancement activities will continue to be implemented in the following areas:

- Disaster Preparedness and response: This will be achieved by building adequate early warning/early action capacities and mechanisms at national and provincial levels through contingency planning, training, equipping and monitoring of national and provincial disaster response teams; developing partnerships for timely mobilisation and deployment of emergency response teams and items; helping the government on developing a national disaster response plan as well as mechanisms for efficient climate change adaptation and promoting and supporting community disaster resilience efforts. Specific attention will be given to government efforts on the domestication of the International Disaster Response Law. (IDRL)
- Promotion of basic health and care: *Based* on the priorities defined by ARCHI2010, the Ouagadougou Declaration and the Algiers Plan of Action, the health program will ensure that DRC

RC branches effectively implement community based health and first aid (CBHFA) initiatives as a minimum package of services. The programme will also include promotion of and support to community-based water supply and sanitation. In addition adequate attention will be given to DRCRC for the development of its Cholera, Ebola and Human pandemic preparedness plans, both at national and provincial levels under the umbrella of contingency planning processes within the disaster management program.

- **Organisational Development/Capacity Building:** This will be achieved by building the capacities of the National Society and communities through continuous enhancement of the National Society's legal base, leadership development and improvement of work conditions (tools, and training) as well as promotion of youth and gender activities throughout the provinces. Branch capacities will be enhanced through tailor-made branch development projects. Also planning, monitoring, evaluation and reporting capacities will be enhanced at national and provincial levels.
- **Principles and Values:** This program will focus on the dissemination of Humanitarian Values, the Fundamental Principles of the Movement and the protection of the Red Cross emblem. It will also address issues related to gender mainstreaming in all DRCRC structures and programmes. The program will pay special attention to the needs of marginalised groups (Pygmies) and to supporting community-based care and support for victims of sexual abuse and women victims of rape. The ultimate goal is to ensure that more and more individuals and groups integrate respect for humanitarian values into their day to day endeavours.

It is worth mentioning that to help DRC Red Cross overcome the lack of community based initiatives in the districts where bilateral and multilateral funding are nonexistent and to foster implementation of the PIC in those districts ARCHI 2010 based programming will be revitalised using the newly developed Community Based First Aid and Health in Action tools and also enhancing understanding and application of the PIC throughout the national society.

While implementing the 2010-2011 Secretariat support plan to DRCRC, it will be necessary to keep in mind the fact that high poverty levels and subsequent fast depleting volunteerism among Congolese communities will negatively impact on the implementation of community based projects if in addition natural disasters further weaken community and households coping mechanisms. To mitigate this, DRC Red Cross Society will enhance its volunteer management framework building on the comparative advantages offered by mothers clubs.

Also, the rising commodities prices have a negative impact for the water and sanitation projects which include heavy hardware components. To avoid inadequacy of resources in the long run, the best solution will be to look for alternative less costly strategies for the implementation of the projects. In this view, the capacities of DRC Red Cross branches to conduct sound monitoring and reporting activities will be critical.

In addition, the political instability in the country, the fluctuation of the United States dollar and the local currency which can cause the under-evaluation of programmes' costs; and the insecurity of aerial transportation related to the lack of reliability of internal air flights must be taken into consideration.

## **Disaster Management**

### **a) The purpose and components of the programme**

The Federation will support the National Society in strengthening its capacities in contingency planning to enhance preparedness for disasters such as floods, earthquake, volcanic eruptions and outbreaks of epidemics. The National Society will continue mapping risks in all provinces. Early warning systems will also be established at local level and contingency and response plans will be developed, both within the community and at lower levels of the organisation, thus insuring adequate community based disaster management. Also, DRC Red Cross will help the government identify training needs of government institutions and NGOs involved in disaster preparedness and response at national and district level and develop and implement a plan of action that will contribute to strengthening their capacities.

In addition, the National Society will actively participate technically and financially in the development and implementation of district and national contingency plans for the most threatening hazards in the country. It will also support government efforts on the domestication of the International Disaster Response Law (IDRL). Working with the government on climate change adaptation will also be one of the disaster management priorities.

Contingency plans and deployment mechanisms will be developed in close coordination with Government, United Nations Agencies, and the private sector.

To contribute to reducing the risk of food insecurity and improving livelihood of the most vulnerable populations DRC Red Cross will enhance its Food security Community Based Program as long term program as a sustainable development strategy. In doing so, the National Society will focus on insuring increased access to and healthy utilisation of food for people at risk of food insecurity. Financial support will be sought mainly from the European Commission Food Security Facility.

<b>Programme purpose</b>
<b>Reduce the number of deaths and injuries, and the impact of disasters.</b>

The disaster management programme budget is CHF 1,000,535 (USD 966,140 or EUR 662,869).

<b>Programme component 1: National society disaster management planning and organizational preparedness</b>
<b>Component outcome 1:</b> Improved DRC Red Cross disaster preparedness and response framework that enable efficient early warning /early action in disaster situations (natural or technological disasters, conflicts, epidemics).
<b>Component outcome 2:</b> Enhanced national Disaster Management Committee (NDMC) to provide effective and efficient disaster response coordination through the formulation of a national disaster response plan (Plan ORSEC).

<b>Programme component 2: Disaster Risk Reduction</b>
<b>Component outcome 1:</b> Enhanced resilience of individuals and communities to public health emergencies and disasters.

<b>Programme component 3: Food Security</b>
<b>Component outcome 1:</b> Improved resilience of 5,000 households affected by food insecurity in 2 districts of Maniema Province through Food security Community Based Program as long term sustainable development strategy

## b) Profile of target beneficiaries

**Organisational preparedness:** The main direct beneficiaries will be staff and volunteers from headquarters and 11 provinces that are organized in a national disaster management team (NDRT) supported at provincial level by provincial disaster response teams (PDRT). Other direct beneficiaries will be officials from the national disaster management committee (Protection Civile) and its local structures in 5 provinces (North Kivu, South Kivu, Kinshasa, Province Oriental and Katanga). Strengthening these systems will positively impact a great number of indirect beneficiaries as this will enable timely and efficient response to emergencies.

**Disaster risk reduction:** This programme is expected to reach more than 3,000 households (21,000 people) from communities most at risk in 22 territories (2 per province) districts with disaster awareness raising activities, training and disaster risk reduction micro projects. Target communities will be selected through a comprehensive vulnerability and capacity assessment process. In addition, volcanic risk reduction activities will target more than 800,000 people in Goma and the surrounding villages.

**Food security:** This component will target 37,000 food insecure beneficiaries (5,000 households) including HIV/AIDS affected or female headed households in the targeted areas. They will be organised in and supported through viable farmers associations. DRC Red Cross has in the past been engaged in a similar project in Kinshasa province and can easily replicate it in Maniema province.

## Health and Care

### a) The purpose and components of the programme

Through integrated community based health and care, DRC Red Cross will focus on the provision of safe and clean water, improving sanitation facilities and promoting health and hygiene practices. The water and sanitation projects which have become the main entry point in the implementation of the PIC will be sustained by consistently building community participation and ownership, knowledge and good practices through the PHAST (participatory health and sanitation transformation) methodology and by training selected community member on water point and sanitation facilities management and maintenance.

Community based health and first aid activities will mainly focus on improving the health status of people living in rural areas of DRC through increased access to first aid and health education and home visits carried out by volunteers who will ensure that there is a significant increase in the number of households that use effective malaria prevention and treatment measures in targeted areas. In addition, DRC Red Cross volunteers will support the government mosquito nets mass distribution campaigns as well as community based hang on /keep up activities.

Also, through their home visit activities, DRC Red Cross volunteers will identify cases of diseases under epidemiological surveillance and refer them to health centres for adequate case management.

Furthermore, while the maternal and child health component of the program will help increase the under 5 immunisation rate to 90% in DRC Red Cross Society's operational areas compared to 2009 baseline data thanks to the outreach activities of Red Cross volunteers, the latter will also help achieve 20% increase in the number of households applying adequate hygiene and sanitation measures as well as 20% decrease in the number of easily preventable diseases. They will also help significantly increase the percentage of pregnant women who receive the full doses of tetanus immunization.

Additional activities will include provision of fluids and food to sick children with diarrhoea, as well as information on breastfeeding and balanced diets for children and pregnant women.

Networks of mothers clubs will be formed to facilitate peer to peer health education among women in rural areas. They will be supported with skills training and income generation activities.

<b>Programme purpose</b>
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<b>Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.</b>
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**The health and care programme budget is CHF 1,276,728 (USD 1,232,838 or EUR 845,851).**

For the Malaria component, a budget will be developed and submitted in due time to cover social mobilisation costs during massive mosquito nets distribution campaign. The targeted funding source is the Federation Global Malaria project, but efforts will be done to raise part of the funds required from UNICEF in DRC.

<b>Programme component 1: Community-Based Health and First Aid (CBHFA) in action</b>
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<b>Component outcome 1:</b> Healthier communities that are able to cope with health and disaster challenges through DRC Red Cross community based health and first aid activities.
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<b>Programme component 2: Health in Emergencies</b>
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<b>Component outcome 1:</b> Reduced number of injuries and deaths from accidents through DRC Red Cross emergency first aid and commercial first aid interventions.
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<b>Component outcome 2:</b> Increased voluntary blood donation awareness and adequate safe blood supply through DRC Red Cross interventions.
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### **Programme component 3: Water and Sanitation**

**Component outcome 1:** Adequate and sustainable access to safe and clean drinking water and sanitation for 100,000 people in two provinces.

#### **b) Profile of target beneficiaries**

**Community based first aid and health in action:** The health status of people living in rural areas of DRC will improve through the provision of community-based first aid, health and hygiene education as well as monitoring of the immune status of children under 5 years and of pregnant women. It is expected that a total of 10,000 volunteers will be mobilised and trained, and that they will reach approximately 200,000 households (1,400,000 people) in 11 provinces. It is further expected that about 100,000 children aged 0-11 months will be fully immunised.

**Water and sanitation:** The direct beneficiaries of the water and sanitation project are about 15,000 rural households (100,000 people) in two territories of two provinces. In addition 150 DRC staff and volunteers will be trained and supported to roll out hygiene education by promoting the PHAST methodology and self-management for appropriation of the infrastructures in the project areas. Where necessary, pump minders will be trained and equipped to ensure regular and cost effective maintenance of boreholes.

## **Organisational Development/Capacity Building**

#### **a) The purpose and components of the programme**

To facilitate and coordinate the work of the branches, 11 fully operational tailor-made Provincial Branch support projects will be developed. As a minimum requirement, all branches will be supported with community based first aid and health training and tools. Where appropriate, local branches will be supported with income generation activities (training and equipment) that will help them roll out their activities in communities. This will be done through establishing and adequately utilising Red Cross capacity building working groups (or resource persons' networks) and through the creation of the National society's revolving funds scheme to support branches' income generation activities.

The program will also focus on developing systems for finance management (full implementation of financial and logistics procedures manual at all levels of the organisation, computerisation of the accounting system), fundraising (primarily from the increasing national corporate sector and from European Commission) and assets management.

Fundraising initiatives will include development of long-term strategic partnerships on the basis of operational alliances. When appropriate commercial first aid capacities will be strengthened in selected branches. The aim is that by 2011, DRC Red Cross will be able to access, use and report on funding from the private sector and the European Union with increasing success. Another main indicator will be the capacity of the National Society to raise at least 30% of all its programmes costs within the country and cover at least 50% of its core costs.

#### **Programme purpose**

**Increased local community, civil society and Red Cross and Red Crescent capacity to address the most urgent situations of vulnerability.**

**The organisational development/capacity building programme budget for 2010-2011 is CHF 695,615 (USD 671,702 or EUR 460,855).**

#### **Programme component 1: NS leadership and management development**

**Component outcome 1:** Effective and empowered DRC Red Cross leadership, governance and management

#### **Programme component 2: Branch and Volunteering development**

**Component outcome 1:** Effective and efficient planning and implementation of community based activities by DRC Red Cross branches and their volunteers.

**Programme component 3: Financial sustainability**

**Component outcome 1:** Enhanced DRC Red Cross (branches and headquarters) fund-raising and resource mobilisation capacity.

**Programme component 4: Program management capacity development**

**Component outcome 1:** Enhanced DRC Red Cross capacity to manage increased number and volume of programmes and partnerships (operational alliances).

**b) Profile of target beneficiaries**

The ultimate beneficiaries of this programme are therefore the same beneficiaries as for the DM and health programmes of the National Society. The longer term impact on the provision of services to vulnerable people will be measured through the indicators at programme purpose level for disaster management, health and principles and values programmes.

**c) Potential risks and challenges**

The key immediate risks facing the capacity building programme is that the programmes it supports face their own unexpected challenges which would not allow the staff, volunteers and the beneficiaries of those programmes (the OD target audience) to devote sufficient time to building activities. These risks are managed primarily by ensuring that the most time-demanding activities are carried out during normally quieter periods of the year for those programmes.

The other key risk, as with any capacity building programme is that sufficient follow up by and for the target audience is not carried out, and that the potential gains are lost through change in leadership (or lack of commitment from the NS leadership and from donors) and through high staff turnover. The primary tactic to manage these risks is ensuring strong collaboration, cooperation and joint implementation with the National Society Governance and strong involvement of key stakeholders (donors).

## Principles and Values

**a) The purpose and components of the programme**

The Principles and Values program is focused on improving the integration and understanding of the Fundamental Principles and Humanitarian Values (P&V) within the National Society and on bringing the message of P&V into the community. It will be carried out through regular short workshops, informal peer group discussions and integrated sessions in other trainings to promote and explore P&V. Also TV and radio programmes will be utilised.

The program will focus on ensuring issues of discrimination are explicitly incorporated into DM and health programming, especially by working to incorporate the 10 principles of the Code of Conduct and relevant key indicators of the Sphere project into the design and implementation of programmes. Training on gender mainstreaming, SGBV, discrimination and diversity; developing and disseminating to branches guidelines on Humanitarian Values mainstreaming as well as restructuring the existing Youth programme for more efficient promotion of peace, diversity and tolerance will constitute the cornerstones of the component. Specific projects targeting women victims of rape and Pygmies victims of discrimination and social exclusion will be scaled up.

**Programme purpose**

**To Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion**

The principles and values programme budget is CHF 428,663 (USD 413,927 or EUR 283,995).

**Programme component 1: Promotion of the Fundamental Principles and Humanitarian Values**

**Component outcome 1:** Gradual behaviour change of target population in respect for the Fundamental principles and Humanitarian Values.

**Programme component 2: Operationalization and internal promotion of fundamental principles and humanitarian values**

**Component outcome 1:** Fundamental Principles and Humanitarian Values are integrated in DRC Red Cross operations and programmes.

**Component outcome 2:** Scaled up and expanded DRC Red Cross SGBV planning and implementation.

**Component outcome 3:** Reduced stigma and discrimination against Pygmies in Equateur and Kasai provinces through scaled up and expanded anti-discrimination programming.

**b) Profile of target beneficiaries**

Some 2,000 women victims of sexual abuse and 3,000 pygmy households (21,000 people) in five provinces will directly benefit from this programme. Red Cross volunteers and workers will be the indirect beneficiaries of the programme. They will receive several trainings that will contribute to enhancing their operational capacities. Targeted beneficiaries will always be involved in the design, implementation and monitoring of the programme.

**Role of the secretariat**

**The secretariat's budget for its support role is CHF 600,008 (USD 579,382 or EUR 397,514).**

**a) Technical programme support**

The Federation's support to NSs will be provided according to their needs: procedures and human resources will be set up. By the beginning of 2010, according to the need of the NSs, a right sized team of experts will be integrated into the National Society. While technical support in disaster management, health and care and the promotion of humanitarian values will be provided to DRC Red Cross by the Regional Office in Yaoundé or the Zone Office in Dakar, a country representative supported by an OD delegate, a Finance and Administration Officer and a driver will remain in DRC until the end of 2011 to ensure that:

- systems are in place within DRC Red Cross and enable to effectively and efficiently access, use and report on medium and long term funding from EuropAid, ECHO and other similar organisations. This will be achieved through helping the National society's leadership build up trusted and sustainable national and local Red Cross capacities.
- DRC Red Cross leadership and volunteers will develop a stronger culture of voluntary service in society, and more active youth participation in the National Society and community affairs
- through effective operational alliances, more bilateral PNS are engaged into long term programming in more provinces with a minimum package and volume of activities that will make real impact on the lives of the vulnerable, thus scaling up and sustaining Red Cross services for people who are especially vulnerable
- DRC Red Cross plays in the country a leading role in disaster preparedness and disaster risk reduction with focus on contingency planning; advocacy for and implementation of guidelines and projects on climate change and climate adaptation
- DRC Red Cross plays a leading role in advocating on and mitigating the impact of discrimination, social exclusion, sexual and gender based violence, etc.

**b) Partnership development and coordination**

The Federation will continue to play an active role as a "broker" between DRC Red Cross Society and its partners. The Country Representation and the National Society will ensure strong linkages between DRC Red Cross priorities and national initiatives aiming at achieving the Millennium Development Goals. Dynamic partnership relations will be maintained with Movement partners, government institutions, international and nongovernmental organisations based on a give and take approach, mutual respect and transparent and supportive relations.

In addition to its current Red Cross/Red Crescent partners; i.e. ICRC, Belgian, Danish, Spanish, Swedish, British, German, Irish and Finnish Red Cross Societies and the Federation, DRC Red Cross will expand its operational alliances with Italian, Norwegian, Japanese, French Red Cross Societies and

the Iranian Red Crescent Society. The National Society supported by the Federation will endeavour to establish and maintain regular information sharing (and where necessary joint planning) activities with those PNS' back donors who are represented in Kinshasa (embassies, European Commission, development agencies such as Sida, DFID, etc.).

In its strides to support the government efforts to develop a national disaster response plan and a national climate change adaptation framework, DRC Red Cross and the Federation will actively advocate with UNDP and OCHA on their international mandates for disaster risk reduction and disaster preparedness capacity building coordination. The National Society will also develop a strong partnership with the Federation Climate Centre.

In the same vein, and to be able to effectively contribute to the MGDs in the health sector, DRC Red Cross will further strengthen its image and relation with the Global Fund for HIV/AIDS, Malaria and Tuberculosis, the Global Alliance for Vaccination and Immunisation (GAVI) and UNICEF.

Also, sustainable efforts will be made to ensure DRC Red Cross visibility in and contribution to the activities of the Humanitarian Action Plan (HAP), thus restoring access to the pooled fund.

While the Agreement on the organisation of international activities of the Components of the International Red Cross and Red Crescent Movement (the Seville Agreement and its complementary measures) will be adhered to with ICRC being the lead agency, the Federation will play its full lead role in coordinating PNS bilateral and multilateral support; providing membership support to the latter through service or integration agreements and overseeing organisational development activities to ensure coherence. Also the Federation will maintain a full capacity to coordinate mobilisation and use of resources to respond to natural disasters in all parts of the country.

Whenever possible, joint planning of projects and activities with all Movement partners will be encouraged.

### **c) Representation and advocacy**

The Federation's representation will carry out activities directly to enhance the image and visibility of the Federation and the National Society among national and local authorities, the general public, the diplomatic community, NGOs, the corporate sector and Movement partners in advocating for vulnerable people. In doing so and in coordination with ICRC, the leadership of the Federation and the National Society will ensure the Movement positions itself clearly and strategically on key humanitarian issues in DRC actively promotes the Geneva Conventions and advocates on behalf of the most vulnerable. This will under certain circumstances involve training and coaching for national and local authorities as well as other opinion leaders.

The right-based approach will be progressively integrated into DRC Red Cross programming. This will however require enhancing knowledge and skills within DRC Red Cross senior management in this field as well as on gender mainstreaming.

### **d) Other areas**

The Federation country representation will enhance its capacity to provide adequate integration or service agreements to PNS in support to increasing bilateral support and operational alliances.

## **Promoting gender equity and diversity**

In its 2009-2013 Strategic Development Plan, DRC Red Cross realizes that there is a gender bias with regard to the representation of women and the youths at all levels of the organisation (which reflects in fact the dominating position of adult men in Congolese society), and understands the need for women to have a stronger voice. Placing women in key governance and management positions is one way that the DRC Red Cross has started and will continue to address these concerns. Encouraging the formation of Mothers Club, coaching and training their members, is another way the institution is trying to resolve the issue of gender inequity.

Additionally, DRC Red Cross has gender as a cross-cutting element to all programmes. Volunteer recruitment will be representative of the communities they serve and live in. As such, it will include a

mix of men and women, younger and more senior people, and people of various language groups, as well as urban and rural dwellers. In that the volunteers are 'of their community,' they will also in many instances be subjected to the same vulnerabilities as their neighbours. CBHFA and CDBP trainings in communities will always include dissemination of the Fundamental Principles as well as awareness raising on issues related to the Humanitarian Values. CBHFA and CDBP curriculum will be developed accordingly. Also, the National Society's Youth program will be restructured to actively include promotion of peace, diversity and the fight against all forms of violence. Also, regular RC programmes on the National and Community radios stations will continue to be used to promote the Fundamental Principles and the Humanitarian Values.

## Quality, accountability and learning

The Federation will support the National Society to develop a monitoring and evaluation mechanism that will include conducting baseline surveys prior to implementing new projects, using participatory assessment and planning methodologies such as the Participatory Rural Appraisal (PRA) or the Rapid Rural Appraisal (RRA) methodologies, CBHFA and VCA toolkits; preparing result-based regular progress reports and organising a regular validation feedback to beneficiaries and other partners.

Quality monitoring functions will be further enhanced through the development and use of appropriate tools. To support this all important policy, guidelines, and procedure documents will be disseminated and their compliance included into the Federation and the National Society's staff performance appraisal systems. While quarterly review and planning workshops will be organised in the branches and at the headquarters involving partner organisations, exchange visits will also be arranged among the branches to ensure that the well-developed branches can share their knowledge and resources with less developed ones. In addition, DRC Red Cross will maximise the use of Task Forces or multidisciplinary project management teams and will establish sector specific or thematic peer support networks (Communicators network, Branch Development Focal points network, etc.) that will enhance integration of programmes.

Above all, the Federation and the DRC Red Cross will ensure that financial audits are conducted regularly, in accordance with the National Society's financial procedures. When necessary, audits will be carried out based on specific donor requirements. The Terms of Reference for all audits will include review of the progress made on the recommendations of previous audits.

### Budget summary

Programmes	2010 budget	2011 budget	Total budget CHF
Disaster Management	500,000	500,535	1,000,535
Health & Care	638,225	638,503	1,276,728
Organisational Development	347,807	347,807	695,615
Humanitarian Values	239,893	188,770	428,663
Coordination	300,004	300,004	600,009
<b>TOTAL</b>	<b>2,025,930</b>	<b>1,975,620</b>	<b>4,001,550</b>

## How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

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[Click here to return to the title page](#)

## MAACD001 - Democratic Republic of the Congo

### Budget 2010 - 2011

#### Budget 2010

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	111,000	97,200	43,200	38,700	15,500	305,600
Land, vehicles & equipment	4,000	27,000	12,000	10,750	19,000	72,750
Transport & Storage	55,000	81,000	36,000	32,250	23,500	227,750
Personnel	140,000	142,540	150,000	79,380	170,004	681,924
Workshops & Training	90,000	148,001	48,000	43,000	30,000	359,001
General Expenditure	67,500	101,000	36,000	20,220	22,500	247,220
Depreciation						
Contributions & Transfers						
Programme Support	32,500	41,485	22,607	15,593	19,500	131,685
Services						
Contingency						
<b>Total Budget 2010</b>	<b>500,000</b>	<b>638,225</b>	<b>347,807</b>	<b>239,893</b>	<b>300,004</b>	<b>2,025,930</b>

#### Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	125,000	110,000	43,200	15,000	15,500	308,700
Land, vehicles & equipment	14,000	27,000	12,000	4,000	19,000	76,000
Transport & Storage	65,000	81,000	36,000	32,250	23,500	237,750
Personnel	90,000	108,000	150,000	50,000	170,004	568,004
Workshops & Training	96,500	160,001	48,000	43,000	30,000	377,501
General Expenditure	77,500	111,000	36,000	32,250	22,500	279,250
Depreciation						
Contributions & Transfers						
Programme Support	32,535	41,503	22,607	12,270	19,500	128,415
Services						
Contingency						
<b>Total Budget 2011</b>	<b>500,535</b>	<b>638,503</b>	<b>347,807</b>	<b>188,770</b>	<b>300,004</b>	<b>1,975,620</b>